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FORM D

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

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FORM D

UNIFORM LIMITED OFFERING EXEMPTIC

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

THOMSON FINANCIAL

Serial DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	A STORING CO.
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	JULOE CEP 1 9 3504
A. BASIC IDENTIFICATION DATA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Enter the information requested about the issuer	THE STATE OF THE S
Name of Issuer ( check if this is an amendment and name has changed, and indicate change)  Markstone Investors, LLC	First Fig.
Address of Executive Officers (Number and Street, City, State, Zip Code) 1801 Century Park East, Suite 2150, Los Angeles, CA 90067	Telephone Number (Including Area Code) 310-553-5090
Address of Principal Business Operations (Number and Street, City, State Zip Code) (if different from Executive Officers) Same as above	Telephone Number (Including Area Code)
Brief Description of Business  Investment Fund	
Type of Business Organization  corporation business trust  limited partnership, already formed limited partnership, to be formed	other (please specify): limited liability company, already formed
Actual or Estimated Date of Incorporation or Organization  Month Year  Actual or Estimated Date of Incorporation or Organization  O 3	imated

## GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 10

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		A. BASIC IDENT	TIFICATION DATA					
2. Enter the information reque	sted for the following:	· · · · · · · · · · · · · · · · · · ·	<del></del>	·—				
<ul><li>Each beneficial owner</li><li>Each executive officer</li></ul>	<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years.</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>							
· Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if in	ndividual)	——————————————————————————————————————						
Broidy, Elliott				_				
Business or Residence Address	(Number and Street,	City, State, Zip Code)						
1801 Century Park East, Suite 2								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if in	idividual)							
Business or Residence Address	(Number and Street,	City, State, Zip Code)	<del></del>					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if in	dividual)		<del></del>	<del></del>				
Business or Residence Address	(Number and Street,	City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·				
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if in	dividual)		<del></del>					
Business or Residence Address	(Number and Street,	City, State, Zip Code)	<del></del>					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner			
Full Name (Last name first, if in	dividual)							
Business or Residence Address	(Number and Street,	City, State, Zip Code)			,			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if in	dividual)							
Business or Residence Address	(Number and Street,	City, State, Zip Code)						
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last name first, if in	dividual)							
Business or Residence Address	(Number and Street,	City, State, Zip Code)		<del>, , , , , , , , , , , , , , , , , , , </del>				
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	B. INFORMATION ABOUT OFFERING									
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	YES	NO							
2.	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?									
		YES	NO							
3.	Does the offering permit joint ownership of a single unit?		$\boxtimes$							
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									
Full N	Vame (Last name first, if individual)	· · · · · · · · · · · · · · · · · · ·								
Busin	ess or Residence Address (Number and Street, City, State, Zip Code)									
Name	of Associated Broker or Dealer									
States	in Which Person Listed Has Solicited or Intends to Solicit Purchasers									
(Chec	k "All States" or check individual States)	🔲 A	all States							
AL	AK AZ AR CA CO CT DE DC FL GA	HI	ID							
IL MT RI	IN         IA         KS         KY         LA         ME         MD         MA         MI         MN           NE         NV         NH         NJ         NM         NY         NC         ND         OH         OK           SC         SD         TN         TX         UT         VT         VA         WA         WV         WI	MS OR WY	MO PA PR							
Full N	lame (Last name first, if individual)									
Busin	ess or Residence Address (Number and Street, City, State, Zip Code)									
Name	of Associated Broker or Dealer									
States	in Which Person Listed Has Solicited or Intends to Solicit Purchasers									
(Chec	k "All States" or check individual States).	🗆 A	Il States							
AL IL MT RI	AK         AZ         AR         CA         CO         CT         DE         DC         FL         GA           IN         IA         KS         KY         LA         ME         MD         MA         MI         MN           NE         NV         NH         NJ         NM         NY         NC         ND         OH         OK           SC         SD         TN         TX         UT         VT         VA         WA         WV         WI	HI MS OR WY	ID MO PA PR							
Full N	Jame (Last name first, if individual)									
Busin	ess or Residence Address (Number and Street, City, State, Zip Code)									
Name	of Associated Broker or Dealer		,,							
States	in Which Person Listed Has Solicited or Intends to Solicit Purchasers									
(Chec	k "All States" or check individual States)	<i>D</i> A	All States							
AL IL MT RI	AK         AZ         AR         CA         CO         CT         DE         DC         FL         GA           IN         IA         KS         KY         LA         ME         MD         MA         MI         MN           NE         NV         NH         NJ         NM         NY         NC         ND         OH         OK           SC         SD         TN         TX         UT         VT         VA         WA         WV         WI	HI MS OR WY	ID MO PA PR							

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROC	EEDS	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0	\$0
	Equity	\$0	S <u>()</u>
	Convertible Securities (including warrants)	\$0	\$0
	Partnership Interests	\$0	\$0
	Other (Specify Limited Liability Company Membership Interests)	\$_23,825,000	\$ 23,825,000
	Total	\$_23,825,000	\$23,825,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0? if answer is "none" or "zero."		
	01 2010.	Number Investors	Aggregate Dolla Amount of Purchases
	Accredited Investors	17	\$23,825,000
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.	T.m.s.of	Dellan Amount
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Ruie 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	$\boxtimes$	\$10,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		S
	Other Expenses (identify)		\$

Total .....

 $\boxtimes$ 

S\_\_10,000

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$23,815,000 Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C --- Quest 4.b above. Payments to Officer, Directors, & Affiliates Payments to Others Salaries and fees Purchase of real estate Purchase, rental or leasing and installation of machinery and equipment Construction or leasing of plant buildings and facilities Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)...... Repayment of indebtedness Working capital..... Other (specify): <u>Investments</u> $\boxtimes$ \$23,815,000 \_\_\_....... Column Totals ..... Total Payments Listed (column totals added)..... $\boxtimes$

\$23,815,000

The issuer has duly caused this notice to be sign	S. Securities and Exchange Commission, upon written requ	ce is filed under Rule 505, the following signature constitutes uest of its staff, the information furnished by the issuer to any
Issuer (Print or Type)	Signature Clean broads	Date
Markstone Investors, LLC Name of Signer (Print or Type)	Title of Signer (Print or Type)	January 11, 2004
Elliott Broidy	Authorized Signatory	
	•	
		•
•		
	ATTENTION	
Intentional misstatements	or omissions of fact constitute federal crimin	
intentional misstatements	of ourselone of fact constitute lederal crimit	nai violations. (See 10 U.S.C. 1001.)

		E. STAT	E SIGNATURE			
1.	ls any party described in 17 CFR 230.262 prese	ently subject to any of the	disqualification provis	ions of such rule?	YES	NO ⊠
r		See Appendix, Col	lumn 5, for state respon	nse.		
2.	The undersigned issuer hereby undertakes to fusuch times as required by state law.	irnish to any state adminis	trator of any state in w	which this notice is filed a notice on Form D (	17 CFR 23	9.500) at
3.	The undersigned issuer hereby undertakes to fu	rnish to the state administr	rators, upon writer requ	uest, information furnished by the issuer to off	erees.	
4.	The undersigned represents that the issuer is (ULOE) of the state in which this notice is file these conditions have been satisfied.					
The i	ssuer has read this notification and knows the con.	ontents to be true and has	duly caused this notice	ce to be signed on its behalf by the undersign	ned duly a	uthorized
Issue	(Print or Type)	Signature	1 0	Date		
Mark	stone Investors, LLC	Clear	brocks	January 11, 2004	<del></del>	
Name	e of Signer (Print or Type)	Title of Signer (Print or	Type)			
Elliot	t Broidy	Authorized Signatory				

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

l	Intend to s accredited invo (Part B-	ell to non- estors in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State  (Part C-Item 2)				Disqualific State ULC attach exp waiver	5 cation under OE (if yes, clanation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		Х	Membership Interests - \$22,100,000	12	\$22,100,000	0	0		X
СО	,								
CT									
DE									
DC									
FL		Х	Membership Interests - \$100,000	1	\$100,000	0	0		X
GA									
ні									
ſD									
IL									
IN					<u> </u>				
lA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									

# APPENDIX

	Intend to sell to non- accredited investors in State (Part B-Item I)		Type of security and aggregate offering Type of investor and price offered in state amount purchased in State (Part C-Item I) (Part C-Item 2)		Type of security and aggregate offering price offered in state (Part C-Item 1)  Type of investor and amount purchased in State (Part C-Item 2)		amount purchased in State (Part C-Item 2)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	-ltem 1)		
МО							i				
MT											
NE			·								
NV											
NH											
NJ											
NM											
NY		X	Membership Interests - \$500,000	2	\$500,000	0	0		X		
NC											
ND											
ОН											
ок									,		
OR											
PA		·X	Membership Interests - \$1,000,000	1	\$1,000,000	0	0		X		
RI											
sc											
\$D											
TN											
TX											
UŢ											
VT					·						
VA .											
WA											
WV		·									
WI											
WY		·									

# APPENDIX

	2 3  Type of security and aggregate offering price offered in state (Part B-Item 1) (Part C-Item 1)		4  Type of investor and amount purchased in State  (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
Foreign		Х	Membership Interests -\$125,000	l	\$125,000	0	0		Х